DOCUMENT RESUME

ED 257 023 CG 018 245

AUTHOR Motz, Janet
TITLE Colorado's Community-Based Child Protection Teams.
INSTITUTION Colorado State Dept. of Social Services, Boulder.
SPONS AGENCY National Center on Child Abuse and Neglect (DHHS/OHDS), Washington, D.C.
PUB DATE Jul 84
NOTE 37p.; For related document. see CG 018 244.
AVAILABLE FROM Colorado State Department of Social Services, 1575 Sherman Street, Rm. 404, Division of Family & Children's Services, Denver, CO 80203 ($3.50 ea., $2.75 ea. for 20 or more).
PUB TYPE Viewpoints (120) -- Reports - Research/Technical (143)

EDRS PRICE MF01/PC02 Plus Postage.
DESCRIPTORS Child Abuse; Child Neglect; Child Welfare; *County Programs; Group Dynamics; Group Structure; *Interdisciplinary Approach; Participative Decision Making; *Team Training; *Teamwork
IDENTIFIERS *Child Protective Services; *Colorado

ABSTRACT

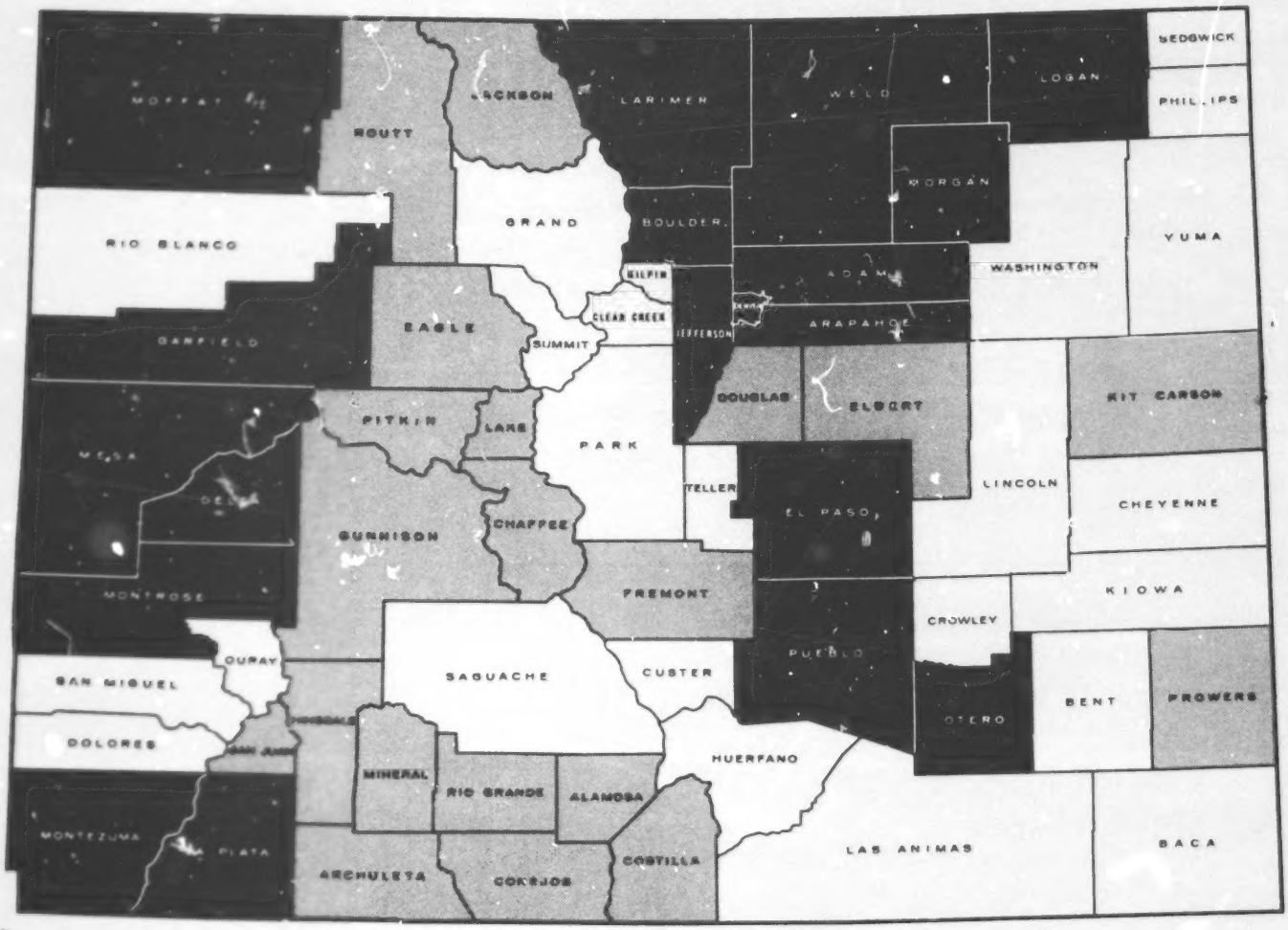
This paper examines the role of Colorado's community-based child protection teams in the investigation and treatment of child abuse and neglect. The first section contains data from a survey of all Colorado counties as reported by team coordinators and members. It includes information on team composition, structure and operation, and training. The distribution of teams throughout the state is described, and staffing patterns and staff time spent on team activities are examined. The role of the team and its relationship to the Placement Alternatives Commission are discussed. A section on team meeting data looks at frequency of meetings, attendance, cases reviewed, and the creation of mini-teams to handle volume of cases. Team member responses to training issues are presented in text and graph form, and team coordinator comments are listed by county. The factors contributing to the success of a child protection team are examined in the second section. Issues of group dynamics, equal participation, commitment, recognition, logistics, training, leadership, mutual respect, task orientation, and desirable personality traits of members are discussed. Appendices contain lists of county teams, sections of relevant Colorado statutes, child protection team questionnaires for leaders and members, and a list of teams and coordinators. (NRB)

**********
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
**********

ED257023

# COLORADO'S COMMUNITY-BASED CHILD PROTECTION TEAMS

## Child Protection Program
## Colorado Department of Social Services




CG 018245

U.S. DEPARTMENT OF EDUCATION
NATIONAL INSTITUTE OF EDUCATION
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

X This document has been reproduced as received from the person or organization originating it.
Minor changes have been made to improve reproduction quality.

• Points of view or opinions stated in this document do not necessarily represent official NIE position or policy.

**July, 1984**
**Denver, Colorado**

**BLACK** Mandatory Child Protection Teams (required by statute because 50 or more cases of child abuse are reported annually to the State Central Registry of Child Protection.

**GREY** Voluntary Child Protection Teams (not required by statute)

**WHITE** No team

# COLORADO'S COMMUNITY-BASED CHILD PROTECTION TEAMS

Janet Motz, MSW
Child Protection Program Supervisor
Colorado Department of Social Services

CG 018245

July, 1984
Denver, Colorado

# Acknowledgements

A number of individuals are recognized for their contribution of ideas, data, and technical assistance in the completion of this book.

Colorado County Team Coordinators and Team Members

Candace Grosz, MSW, Information Director - C. Henry Kempe National Center for the Prevention and Treatment of Child Abuse and Neglect

Marilyn Lenherr, MS, Coordinator, Child Protection Team -University of Colorado Health Sciences Center

Jane Berdie, MSW, Child Protection Program Supervisor - Division of Family and Children Services, Colorado Department of Social Services

Joann Davies, ACSW, Program Supervisor - Division of Family and Children Services, Colorado Department of Social Services.

Sharen E. Wilkerson, MED, Staff Assistant, Child Protection Program - Division of Family and Children Services, Colorado Department of Social Services

Julie A. Johnson, BS, former Staff Assistant, Child Protection Program - Division of Family and Children Services, Colorado Department of Social Services

Published by the Colorado Department of Social Services with funding from the National Center for Child Abuse and Neglect Administration for Children Youth and Families, United States Department of Health and Human Services.

# Table of Contents


Introduction ..... vi
Section I: The Survey of Child Protection Teams ..... 1
Section II: Why Teams Succeed ..... 15
Appendix I: Year Child Protection Teams Inaugurated ..... 19
Appendix II: Pertinent Sections of Colorado Revised Statutes (1973) ..... 20
Appendix III: Child Protection Team Questionnaire ..... 22
Appendix IV: Child Protection Team Member Questionnaire ..... 25
Appendix V: Counties Grouped by Size ..... 26
Appendix VI: Teams and Coordinators ..... 27

# Colorado's Community-Based Child Protection Teams

Child abuse and neglect is a social problem which plagues every community. Each year children die or suffer permanent physical and emotional damage from inflicted injuries and neglect. Historically, child abuse and neglect was considered a problem to be dealt with solely by County Departments of Social Services. In many cases, one case worker had full responsibility for making all diagnostic and treatment decisions in cases which often involved medical and legal issues as well as psycho-social, education and other factors. In too many cases, child maltreatment continued even after intervention.

It became clear that the problem was so complex that expertise from a variety of disciplines was necessary to make sound diagnostic and treatment decisions. The child protection team has become a viable method of using this multi-disciplinary approach. Child protection teams have evolved throughout a number of years. Dr. C. Henry Kempe, the pediatrician from the University of Colorado Medical School, who with others described the battered child syndrome in 1962, played a significant role in the development of child protection services in Colorado. It was Dr. Kempe and associates who developed the team concept. The concept has expanded from the early hospital based teams, comprised of two or three professionals, to community based teams with representatives from as many as 10-12 disciplines.

The title, Child Protection Team, is applied to a variety of groups, throughout this country, which may differ in structure, composition and function. There are a number of different types of child protection teams in Colorado including hospital teams, military teams and community based teams. The community based teams formed in accordance with Colorado Statute are the focus of discussion in this paper. These Teams by statute are inaugurated and coordinated by the county departments of social services. Groups of multi-disciplinary professionals and lay persons meet to review the various aspects of cases of child abuse and neglect, including the actions of the agencies involved. The cases are submitted to the team by the county department of social services staff. The county department by the time of the review has made at least a preliminary investigation of the cases. The team reviews the cases and may make recommendations regarding subsequent investigation and treatment planning.

The first community based team in Colorado was established in 1972 in El Paso County and several more were formed during 1974. Appendix I contains a list of the teams and year of inauguration. In 1975, there was a major revision of the **Colorado Children's Code** with respect to child abuse and neglect. Included in the revision was the mandating of child protection teams in counties reporting 50 or more cases of child abuse or neglect in a year to the Central Registry. The Colorado Statute pertaining to child protection teams is contained in Appendix II.

The value of these child protection teams has become increasingly apparent. At minimum, crucial decision making in abuse and neglect situations is shared rather than left in the hands of one worker or agency. This leads to better decision making and reduces the emotional drain on the worker. Additionally, the teams evolve into viable advocates for abused/neglected children and families by promoting interagency coordination in the provision of services, identifying service gaps in the system and working to fill those gaps.

In 1979, the Colorado State Department of Social Services, through a state grant from the National Center on Child Abuse and Neglect (NCCAN), undertook a project designed to develop new teams in rural areas and provide technical assistance to enhance the effectiveness of existing teams. Because of its wide utilization, this technical assistance has remained available to date.

One of the questions most frequently asked by teams is how other teams function. Additionally State staff were interested in the status of Colorado teams from the standpoint of program development and training needs. This precipitated a survey of all Colorado counties. This paper is divided into two sections. The first section contains the data from the survey as reported by team coordinators and members and includes information regarding team composition, structure and operation, and training. The factors contributing to the success of a child protection team are examined in the second section.

# The Survey of Child Protection Teams

Questionnaires were sent to all 63 Colorado counties in December 1982. One questionnaire was designed for the team coordinator (Appendix III) and another was designed for team members (Appendix IV). The coordinators of all of the teams responded either by returning the completed questionnaire or in a telephone interview. Staff in all counties who do not have teams also advised through the questionnaire or telephone interview regarding their current status.*

Three hundred forty-one (341) team members from the various teams responded. The member responses are representative of 39 teams. The team member data were also analyzed by size of county. Colorado counties are designated by the Colorado Department of Social Services to be large, middle-sized or small by the number of FTE's (full time employee) allocated to the county department of social services.**

## *Distribution of Teams*

Currently there are 42 county department supported child protection teams in Colorado. Thirty nine counties are served by teams. Hinsdale, Mineral, and San Juan are served by Gunnison, Rio Grande and La Plata respectively. Four counties have more than one team: 1) Boulder - 2 teams, one located in Boulder and one located in Longmont; 2) El Paso - 3 teams, one reviewing cases at the 5 hospitals, one reviewing sexual abuse cases, and one reviewing all other cases; 3) Garfield - 2 teams, one located in Glenwood Springs and one located in Rifle; 4) Larimer - 3 teams, one located in Ft. Collins, one located in Estes Park and one located in Loveland.

Five rural counties reported that their teams have disbanded. Lack of volume was cited as a reason for discontinuing the team effort. Three of these counties reported that the team could be reassembled as needed.

That only 19 teams are mandated by statute (annually are reported to 50 or more cases to the Central Registry), and 23 others were innaugerated voluntarily attests to the conviction of Colorado communities about the utility of a multidisciplinary approach to child maltreatment. (See mandated teams in Appendix I). Only 24 of the 63 counties are not served by a child protection team. Often these counties use a multidisciplinary approach to cases of child abuse and neglect, but do not have a formalized team.

One of the five rural counties which reported that the team had disbanded had originally felt that there was not enough volume or even the multidisciplinary representation to carry a team. Thus the county department entered into an agreement with a larger contiguous county department to combine their team effort (this type of effort is sanctioned by statute). Both county departments and the team members found this arrangement to be unsatisfactory. There were differing philosophies and community standards, and the geographic distance created logistical problems. Team members experienced difficulties in relating to two county departments and in general all involved agreed that this approach was not workable.

The circumstances of the teams currently serving two counties are completely different. In these situations, one department of social services administers both county programs. For example the La Plata County Department of Social Services administers and staffs San Juan county's social services program. A La Plata county worker responds to abuse/neglect reports in San Juan county and the La Plata team reviews those cases. The same is true of the Gunnison/Hinsdale and Rio Grande / Mineral arrangement.

Of interest is the fact that several counties have more than one team. In most cases these counties have more than one population center and the geographic distance between

*The questionnaires were submitted to data processors and tabulated and analyzed by computer. Although keypunch errors were minimal, there were some errors committed by those completing the questionnaire and some related to questionnaire design. Thus, the data cannot be relied upon for total accuracy. This report is intended to provide a general idea of the status of Colorado Teams.

**In the large and middle-sized counties, FTE allocations are driven by Assistance Payments, Food Stamp, and Social Services caseloads. Other factors drive FTE allocations in small counties. Of the 10 large counties, Denver is the largest with 476.65 FTE's and Mesa is the smallest with 69.35 FTE's. Of the 16 middle-sized counties, Fremont is the largest with 43.60 FTE's and Huerfano is the smallest with 11.50 FTE's. Of the balance of state (small counties), Bent is the largest with 9.25 FTE's and Jackson is the smallest with .75 FTE. Counties are listed by designated size in Appendix V.

these centers is considerable. For example, Garfield County (a mountain county) has major population centers, Glenwood Springs and Rifle which are separated by 26 miles. The Rifle area was impacted by energy growth and drove a substantial caseload. Garfield County Department of Social Services developed a branch office in Rifle and a separate child protection team to respond to the need.

El Paso County (Colorado Springs) has developed three community based teams. One of these teams meets at the five area hospitals. When a child is hospitalized and non-accidental trauma is suspected, the team meets at that hospital in order that involved medical personnel can be included in the discussion. Another team reviews sexual abuse cases and the third team reviews all other cases. There are also three military Child Protection Teams in El Paso County; Fort Carson, Peterson Field and the Air Force Academy. The department of social services is represented on each of the military teams

### *Team Composition*

The purpose of the child protection teams is to provide a multi-disciplinary multi-agency approach to child protection and to make child protection more a function of the entire service delivery network rather than the responsibility of one agency. Colorado law suggests that where possible teams have the following representation: physician, a representative of the juvenile court or the district court with juvenile jurisdiction, a representative of a local law enforcement agency, a representative of the county department, a representative of a mental health clinic, a representative of a public health department, an attorney and one or more representatives of the lay community and "when any racial, ethnic or linguistic minority group constitutes a significant portion of the population of the jurisdiction of the child protection team, a member of such minority group shall serve as an additional lay member of the child protection team." CRS 1973 19-10-101 (2). Since there is no funding for these teams, agencies must be willing to donate the time of a representative to attend meetings. Those professionals who do not represent an agency must also donate time. Teams reported representation by agency and profession as follows (Figures 1 & 2):

**FIGURE 1**
**Agencies Represented on Teams:**

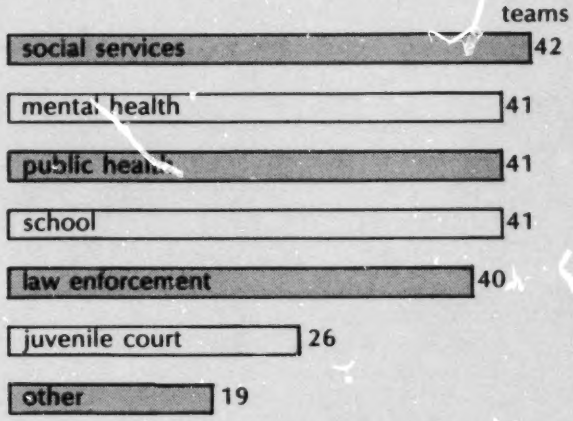
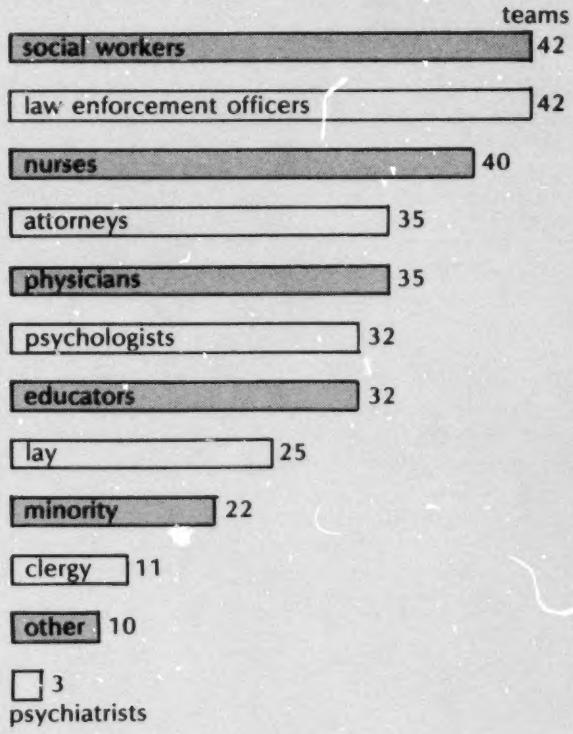



**FIGURE 2**
**Professions Represented**



The number of professions and agencies represented on these teams is very impressive. Of particular interest is the fact that so many teams have physicians (35 teams) and attorneys (35 teams). Some teams have 2 or more physicians on the team.

The data reflect that representation suggested in the statute has been possible for most teams. Although the data reflect that the Juvenile Court is represented on only 26 teams, it is likely that this area was under reported.

In some cases the persons completing the form indicated there was not juvenile court representation and then listed a juvenile probation officer as a team member. Thus there may have been some confusion regarding the definition of juvenile court representative. The fact that judicial districts in some areas encompass several counties is likely a factor in the limited representation of juvenile courts on these teams.

Clearly the wide representation of agencies, professionals and lay persons on these teams is a positive indicator of community response to the problem of child abuse and neglect. If this volunteer time were translated into dollars, the amount would be staggering. According to our gross estimate, it would not be unreasonable to project that a team of nine members representing the above indicated agencies and professions could cost $500 in time per two-hour meeting. This does not include time spent on team related activity outside of the meetings.

### *Staffing Patterns*

When teams were first mandated in 1975, there were many concerns that there was no fiscal footnote and that the costs of staffing a team would have to be absorbed by the County Department of Social Services. Thus an area of interest was staffing patterns and the amount of time required of the coordinator and clerical staff to support the team.

The team coordinator is the person responsible for team activities including gathering reports to be submitted to the team and arranging for team meetings. In many cases this also involves chairing the team meetings. One county has a half-time employee whose job is to coordinate both teams. Other counties have assigned the responsibility of coordinating the team to people who have other job responsibilities. (Team coordinators are listed in Appendix VI). Team coordinators are identified by position in Table 1.

**TABLE I**

| Coordinator Identity | Number of Teams |
|---|---|
| Line Social Services Supervisor | 13 |
| Social Services Director | 9 |
| Other social services staff | 8 |
| Line worker | 7 |
| Social Services Administrator | 5 |

In most of the large counties, protective services supervisors or administrators coordinate the team. Directors, line workers and supervisors coordinate teams in smaller counties. In some of the smaller counties several staff have a hand in coordinating team efforts. It is not uncommon to see an entire casework and administrative staff regularly attend team meetings in these smaller counties.

### *Staff Time*

Time per week spent by coordinators and clerical staff on team related activity was reported as follows (figures 3 & 4):

**FIGURE 3**

**Coordinator Time**

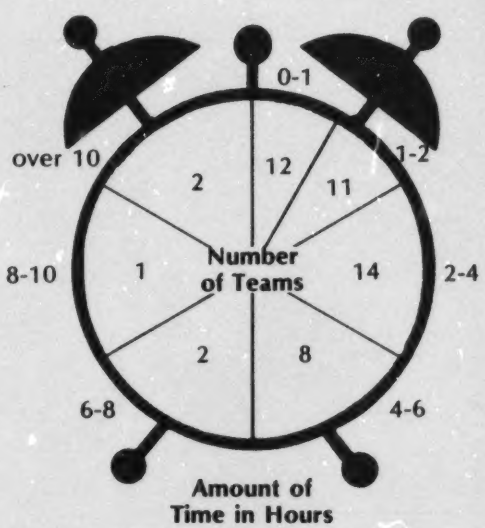
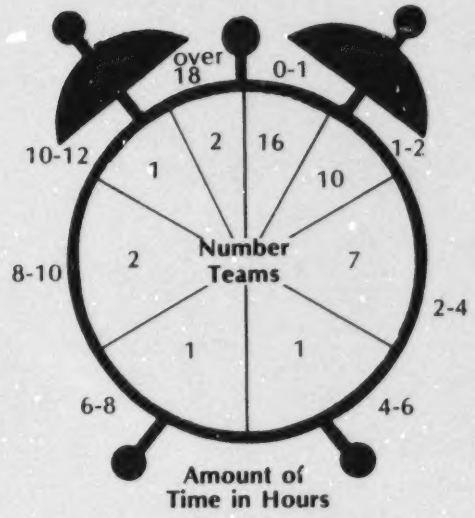


**FIGURE 4**

**Clerical Time**




The reported amount of time required of staff to support these teams was less than expected. More time is required of coordinators and clerical staff in counties with the larger volume of cases. The amount of time spent by a coordinator also depends on the assigned role of that coordinator, which varies from county to county. Some teams are chaired by persons other than the coordinator. Some times that chairperson might assume broader responsibilities aside from chairing the meetings, thus relieving the coordinator. In contrast, in some rural counties, the person responsible for coordinating the team is responsible for all aspects of coordination and also prepares and presents all of the cases.

Most of the coordinators who responded to the time spent question provided estimates. Clearly this time does not account for administrative time spent on team related issues or the time spent by workers preparing reports for team review and attending team meetings.

### *Role of Team*

Teams serve a variety of functions. They serve as regulatory bodies, determining whether agencies are responding appropriately, as well as assisting in making diagnostic and treatment decisions. Teams often assume other responsibilities such as community education, taking stands on issues, working to fill gaps in service delivery and participating in the treatment of child abuse and neglect. Colorado teams reported the following regarding their role.

Nine teams reported that the primary focus of the team is regulatory, i.e., timeliness of response, appropriateness of response by agencies

Eight teams reported their primary focus to be diagnostic and treatment (advisory)

Twenty-five teams reported their focus to be both regulatory and diagnostic and treatment

Thirty-nine teams reported serving functions in addition to case review (Table II):

**TABLE II**

| Additional Functions | Number of Teams |
|---|---|
| Participate in treatment | 10 |
| Work to fill gaps in system | 15 |
| Community education | 22 |
| Take stands on issues | 25 |

The involvement of teams in these additional activities occurs in the large metropolitan counties as well as the rural counties. Some of the rural counties found they had so few cases to review that it was difficult to keep team members interested and involved. Thus they began to involve teams in other projects. Through case review, the teams are in a position to identify the gaps in service delivery and the need for community education and get involved in addressing these needs. The Pitkin County Team (Aspen), for example, makes a tremendous prevention and community education effort during the annual Child Abuse Prevention month and in conjunction with the health fair which occurs during the same month (April). Other teams get involved in similar projects.

### *Relationship to Placement Alternatives Commission*

In some of Colorado's smaller communities the Child Protection teams also serve as the Placement Alternative Commission (PAC). The PAC is a decision making board with regard to community needs assessment, planning and program development for youth who are in need of out of home placement. The reported

frequency with which this wide utilization of Child Protection team members occurred revealed that 5 child protection teams serve both functions and 15 teams have members who also serve on the PAC.

The double role of the team and or team members seems to occur more frequently in rural communities. Small caseloads drive fewer staff who have to be generalists and fill a number of roles.

### *Team Recommendation Patterns*

An area of interest focused on the team contribution to the diagnostic and treatment decisions made by the department. One of the pitfalls common to teams is "rubber stamping". At the other extreme is the inexperienced team which can make recommendations that are unrealistic. We tried to determine pattern of recommendations among Colorado teams. The patterns reported in the following graph are not indicative of the quality of recommendations nor can any conclusions be drawn about "rubber stamping". (Many teams checked more than one response.) Recommendation patterns are indicated in Table III.

**TABLE III**

| Recommendation Pattern | Number of Teams |
|---|---|
| Sometimes add to case plan | 30 |
| Usually agree with department plan | 24 |
| Frequently add to case plan | 18 |
| Sometimes alter case plan | 16 |

### *Team Participation Patterns*

Teams seem to have varying participation patterns among members at meetings. Occasionally, there are members who rarely contribute to the discussion and some who may contribute more than necessary. Optimal team functioning is achieved when all members participate equally and appropriately. The following patterns were reported by the teams. (Some checked more than one pattern.) Participation patterns are indicated in Table IV.

**TABLE IV**

| Participation Pattern | Number of Teams |
|---|---|
| Equal participation by all members | 29 |
| A few members participate frequently | 9 |
| A few members never particpate | 9 |
| One person participates more than others | 3 |
| Several members never participate | 1 |

### *Implementation of Recommendation of Teams*

Colorado Statute specifies that teams are advisory only. County departments of social services have various policies regarding the implementation of team recommendations. In some counties decisions not to implement team recommendations are made only by the director who then explains to the team the reasons for not implementing a recommendation. In other counties the process is much more informal and the worker decides whether or not to implement these recommendations. Policies regarding implementation of recommendations are indicated in Table V.

**TABLE V**

| Implementation of Recommendations | Number of Teams |
|---|---|
| Supervisor and Worker decide | 20 |
| Mandatory implementation | 7 |
| Supervisor decides | 6 |
| No Policy | 5 |
| Worker decides | 4 |
| Other | 1 |

There was some ambiguity to the question regarding implementation of recommendations, thus it is difficult to ascertain if there are strict agency policies or procedures regarding the issue of implementation of recommendations.

### *Frequency of Meetings*

Colorado law requires that the Child Protection Team shall review reports within one week of receipt of report. Meeting this requirement is sometimes difficult for small rural counties. Most do not have sufficient volume of cases to justify calling a weekly meeting, the team members are already over extended and cover a large geographic territory. Often team members must travel a considerable distance to the meeting. Counties have developed a variety of methods to meet the one week requirement. One of the rural counties calls a meeting when there is a case; some have set aside a weekly time and cancel if there are no cases; and some call extra emergency meetings. Regularly scheduled meetings were reported as follows (Table VI):

**TABLE VI**

| Frequency of Meeting | Number of Teams |
|---|---|
| Weekly | 18 |
| Every 2 weeks | 6 |
| Monthly | 15 |
| Bi-monthly | 2 |
| Meet as needed | 1 |

## Team Meeting Data

Colorado teams reported the following with regard to day of week and time of day of team meetings (Figures 5 & 6).

**FIGURE 5**

**MEETING BEGINS**

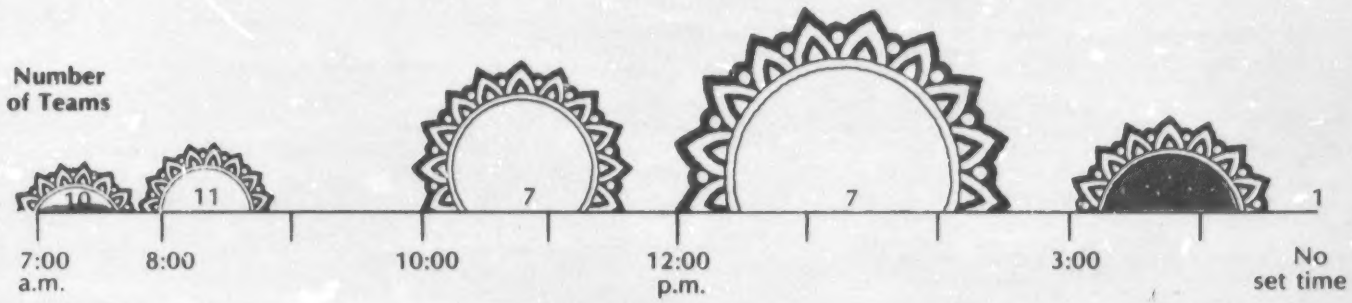
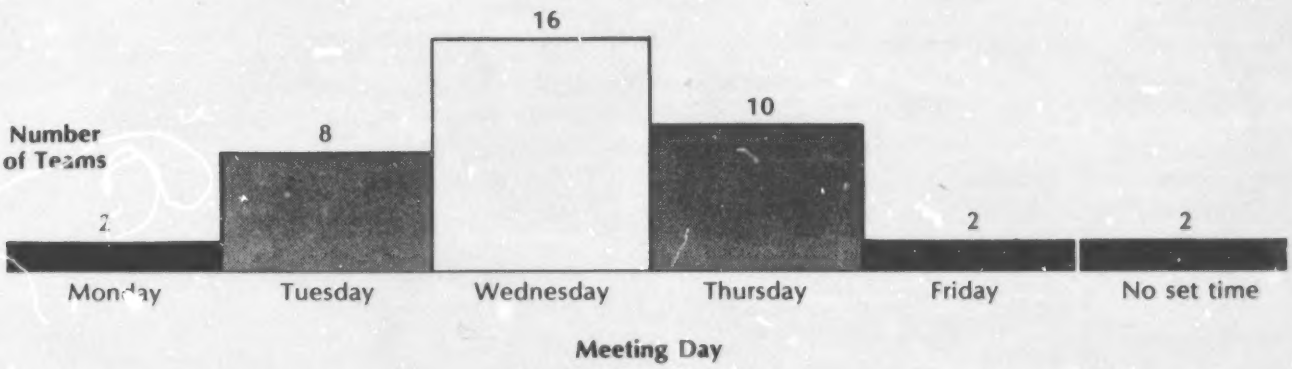



**FIGURE 6**

**MEETING DAY**




Most Colorado teams meet during the morning hours and the majority meet on Tuesday, Wednesday, and Thursday. Finding a meeting time that suits everyone can be difficult. One of the first areas to consider when there are attendance problems is the meeting time. One team convened at 4:00 p.m. and found their attendance dropping to a point that only two or three people were present at meetings. Meetings were not going well and there was some consideration given to disbanding. The team coordinator decided to try an early morning meeting (7:30 a.m.). Attendance improved considerably and more was accomplished in meetings. Several teams experiencing problems followed suit. Some of the teams who meet before 8:00 a.m. meet in a private room at a local restaurant and have breakfast. At least one county department provides the team with lunch for a noon meeting.

### *Team Member Attendance*

Teams range in size from four to twenty-seven members. Average team member attendance at Colorado team meetings reportedly ranges from four to sixteen members. The overall average is nine members at a team meeting. Percentage of members attending ranged from one team listing 18 members and an average attendance of 6 (30%), to three teams who have 100% attendance. The teams reporting a lower percentage of attendance were those having a large membership. For example, the team listing 27 members had an average attendance of 15.

The number of members on the team was obtained from the list of team members which accompanied the questionnaire. Some of the lists were outdated, some included alternate team members and some teams did not forward the names of team members. Also it is assumed that coordinators reported average attendance from memory rather than from hard data.

### *Cases Reviewed*

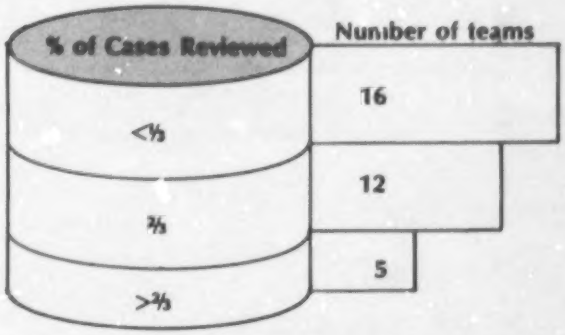
In contrast to some of the rural counties which do not have the volume of cases to require a weekly team meeting, large counties have difficulties because of the heavy volume of cases to be reviewed at weekly meetings. Some of the counties have had to develop mechanisms to handle this volume. Some have developed small or mini-teams which review cases prior to the meeting of the full team. These small teams select cases which need further review by the full team.

### *Re-review of Cases*

Although teams are set up to assist primarily with the initial phase of a case, they can also be of assistance in making critical decisions later on such as terminating parental rights and returning the child to the home. They can also assist when an agency or agencies are not following through with the treatment plan thus hindering the progress of the case. All teams reported that they re-review some or all cases. Sixteen teams reported that they re-review fewer than 1/3 of the cases. Twelve teams reported that they re-review between 1/3 and 2/3 of the cases. Five teams reported that they re-review more than 2/3 of the cases (Figure 7).

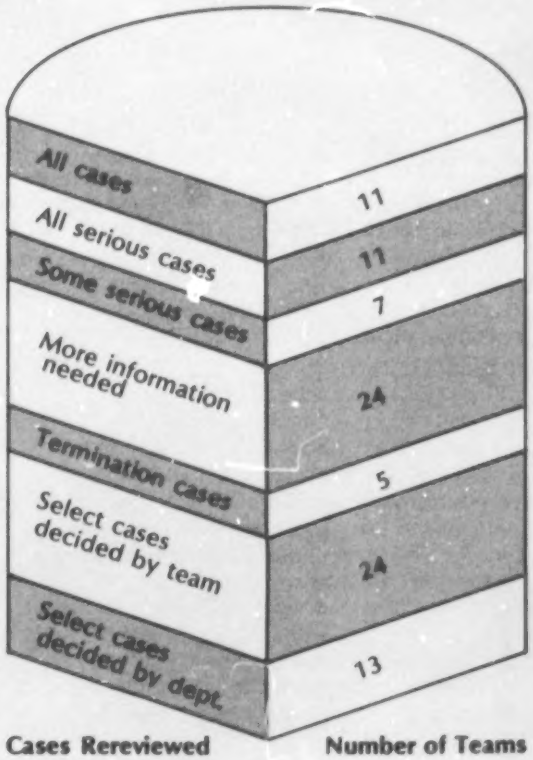
**FIGURE 7**

**Number of Cases Re-reviewed**




Teams reported the following criteria for re-review (Figure 8):

**FIGURE 8**



Smaller county teams tend to re-review more cases because the lower volume of cases allows for more time to look at old cases. The definition of re-review from the observations of the state staff varies among the teams and can range from a routine report by social services regarding case progress to a formal review and critical decision making by the team.

### *Number of Cases Reviewed*

Team coordinators reported an average number of cases reviewed per team meeting as follows (Table VII):

**TABLE VII**

| Number of Cases Reviewed | Number of Teams |
|---|---|
| 1-2 | 5 |
| 3-4 | 11 |
| 5-6 | 8 |
| 7-8 | 1 |
| 9-10 | 7 |
| 15 | 2 |
| 18-20 | 2 |
| 22-26 | 3 |
| 50-55 | 2 |

The number of cases reviewed by mini-teams is not included in these figures. It can be assumed that by this time the figures have increased for most every team as the number of child abuse and neglect reports has continued to rise.

### *Mini-Teams*

Mini-Teams have been developed by five Colorado counties in most instances to address the volume of cases. Generally, these mini-teams are composed of three or four multi-disciplinary professionals. The mini-team in some counties reviews all cases and refers only the more serious or other designated cases for full team review. The mini-team review meets the statutory requirement for team review of these cases if there are at least three members present. The counties that reported composition of the mini-team indicated that three or more agencies and professions are represented in these teams.

### *Presentation of Cases to the Team*

There are a variety of methods of presenting cases to the teams for review. This ranges from informal verbal presentations by the worker to comprehensive written reports with the presence of a worker or supervisor to answer questions. In between these extremes the counties provide a written report with scant detail and rely more heavily on the verbal presentation. Teams reported the following with regard to method of presentation:

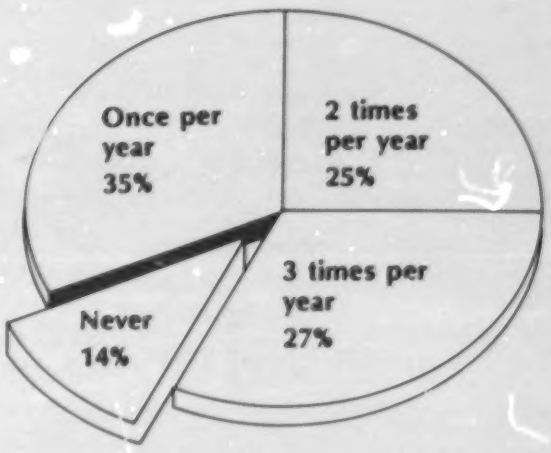
Three indicated that the cases are presented in writing Eleven indicated that the presentations are verbal Thirty-one reported that presentations are written and verbal

## Training in Child Protection Issues: Team Member Responses

Team members were asked to complete a questionnaire regarding training: what training they had received, what training they needed, if on-going training is available and how frequently they attended available training sessions. Of approximately 500 team members, 341 completed the questionnaire.

The responses to the questions regarding training were not uniform within the teams. Most probably, team members receive training on an individual basis rather than as a team (Figure 9):

**FIGURE 9**
**Availability of Training in Child Protection**



Sixty-three percent of the team members reported that they occasionally attend available training sessions. Twenty percent reported that they frequently attend and seventeen percent reported that they never attend.

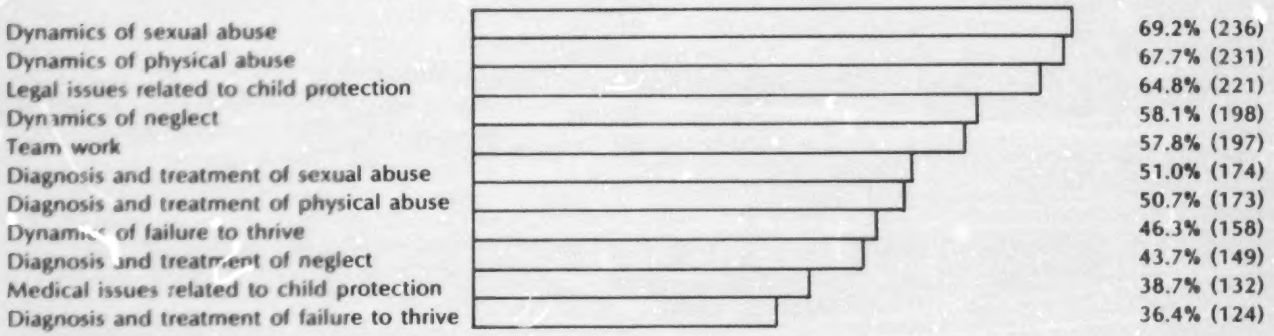
Data regarding attendance are likely somewhat inaccurate, as some persons completing the form responded to the attendance question in the context of availability of training rather than how often they attend available training.

Team members were asked to check the areas listed in which they had received training as well as the areas in which they needed training.

### *Training Topics*

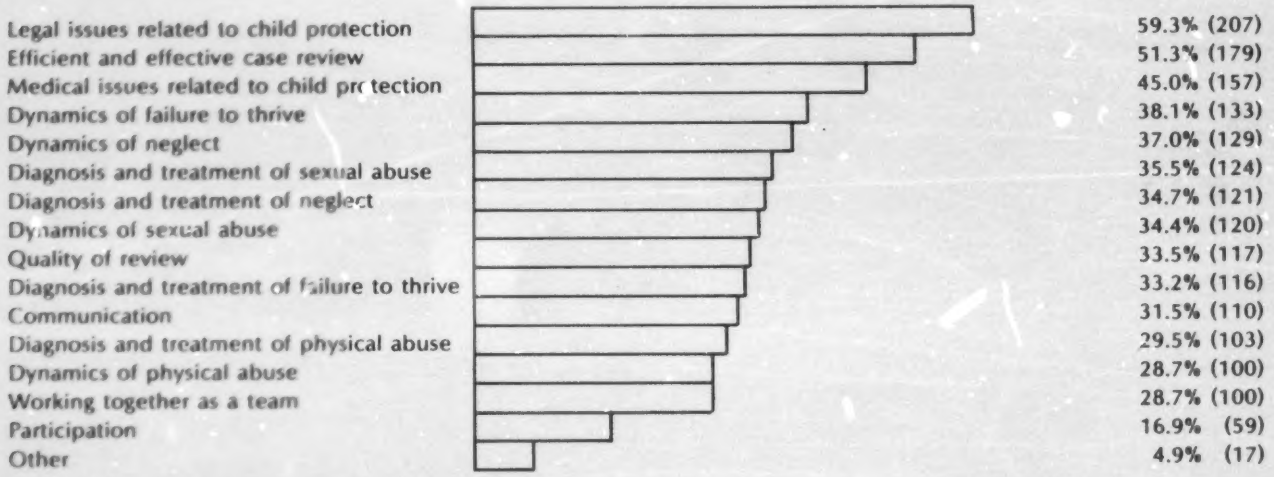
The following is the response to the question regarding training the members had received (Figure 10):

**FIGURE 10**


Dynamics of sexual abuse 69.2% (236)
Dynamics of physical abuse 67.7% (231)
Legal issues related to child protection 64.8% (221)
Dynamics of neglect 58.1% (198)
Team work 57.8% (197)
Diagnosis and treatment of sexual abuse 51.0% (174)
Diagnosis and treatment of physical abuse 50.7% (173)
Dynamics of failure to thrive 46.3% (158)
Diagnosis and treatment of neglect 43.7% (149)
Medical issues related to child protection 38.7% (132)
Diagnosis and treatment of failure to thrive 36.4% (124)

Areas in which team members felt they would seek future training or consultation were as follows (Figure 11):

**FIGURE 11**


Legal issues related to child protection 59.3% (207)
Efficient and effective case review 51.3% (179)
Medical issues related to child protection 45.0% (157)
Dynamics of failure to thrive 38.1% (133)
Dynamics of neglect 37.0% (129)
Diagnosis and treatment of sexual abuse 35.5% (124)
Diagnosis and treatment of neglect 34.7% (121)
Dynamics of sexual abuse 34.4% (120)
Quality of review 33.5% (117)
Diagnosis and treatment of failure to thrive 33.2% (116)
Communication 31.5% (110)
Diagnosis and treatment of physical abuse 29.5% (103)
Dynamics of physical abuse 28.7% (100)
Working together as a team 28.7% (100)
Participation 16.9% (59)
Other 4.9% (17)

### *Size of County and Training-*

Availability of training varies by size of the county:

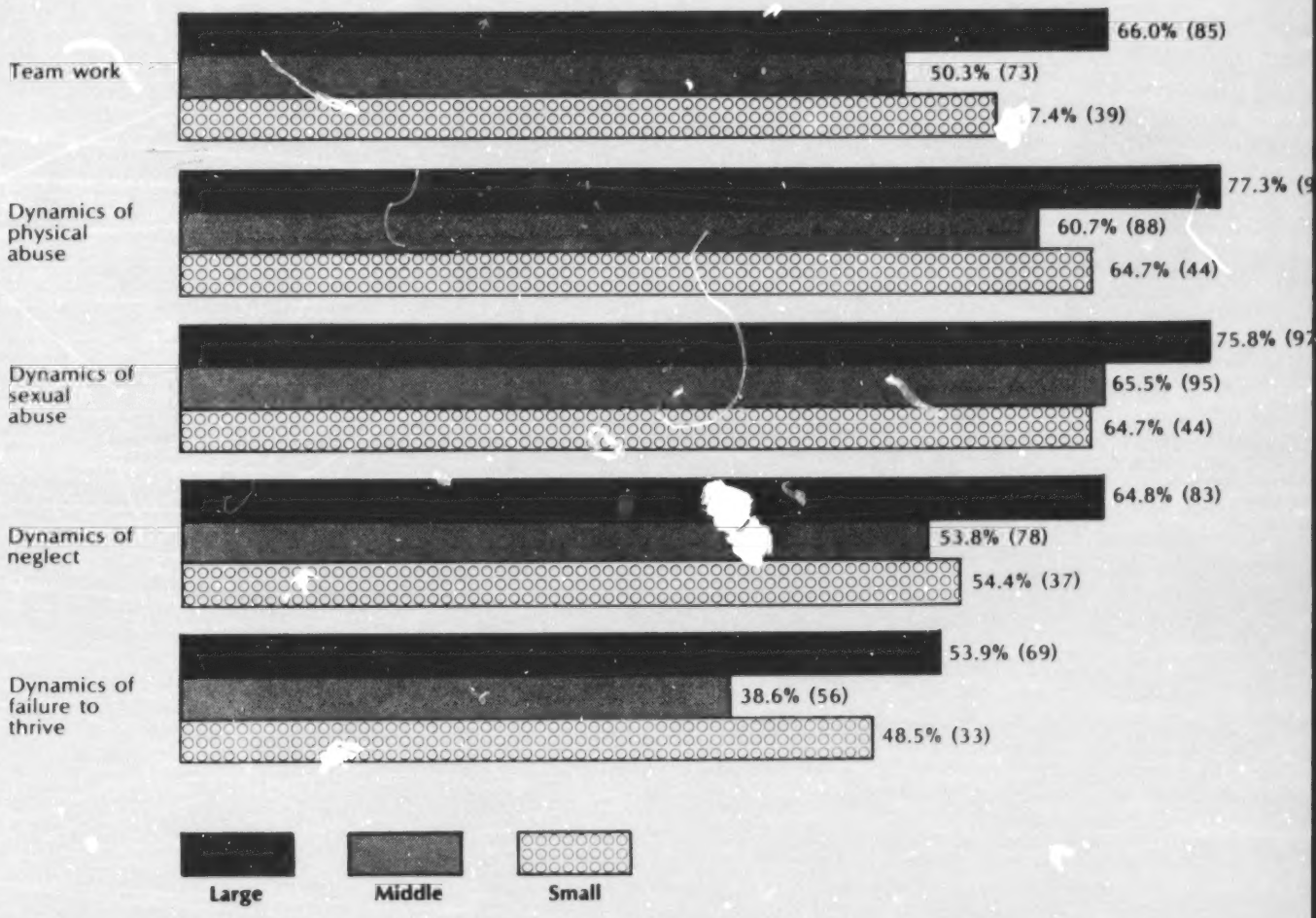
| | Large | Middle | Small |
|---|---|---|---|
| 3 times per year | 36.8% (46) | 22.0% (33) | 18.2% (12) |
| 2 times per year | 25.6% (32) | 22.7% (34) | 27.3% (18) |
| 1 time per year | 23.2% (29) | 39.3% (59) | 45.5% (30) |
| Never | 14.4% (18) | 16.0% (24) | 19.1% ( 6) |

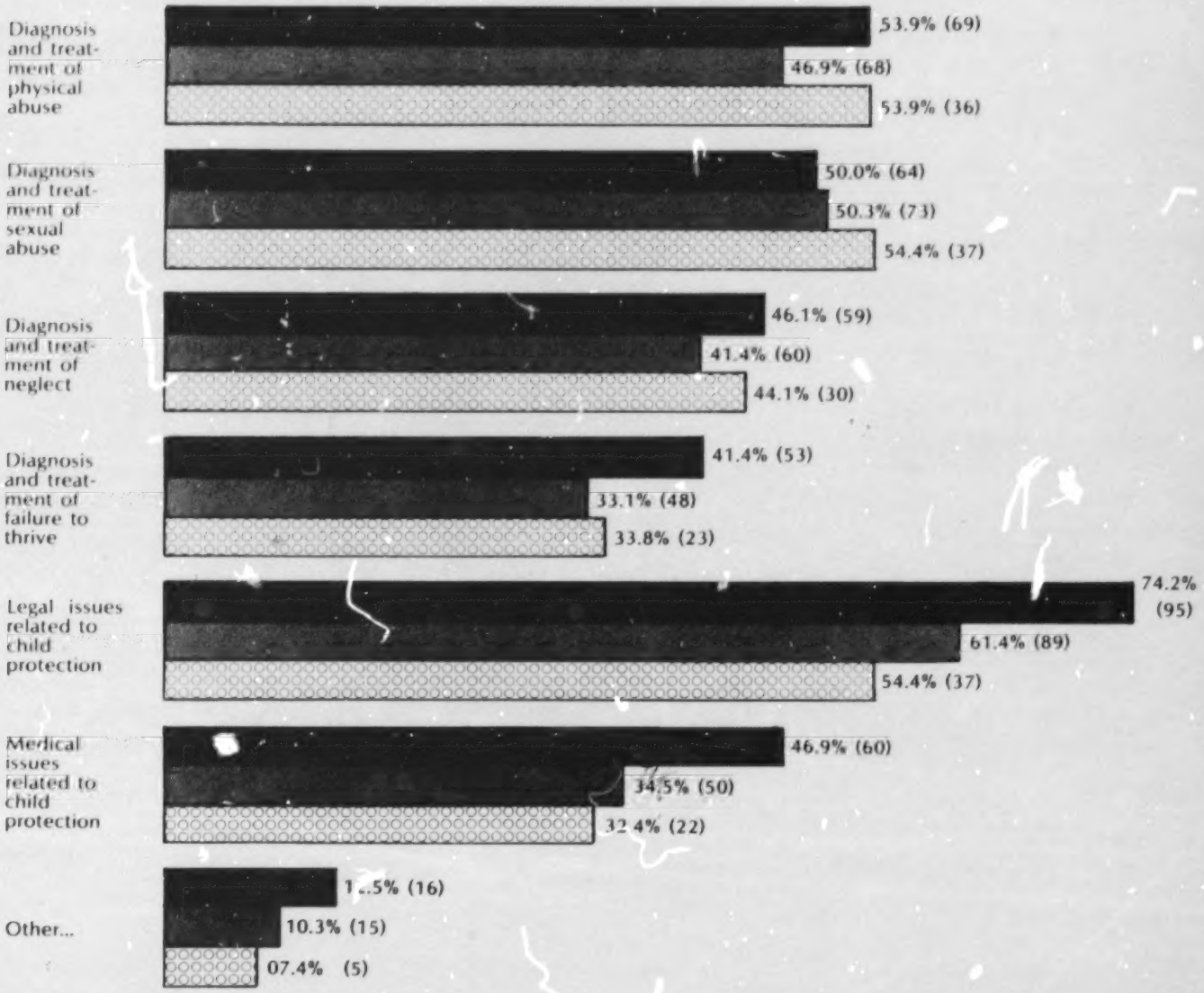
Attendance at available training:

| | Large | Middle | Small |
|---|---|---|---|
| Frequently | 24.0% (3) | 20.0% (30) | 13.6% ( 9) |
| Occasionally | 61.6% (77) | 60.0% (90) | 72.7% (48) |
| Never | 14.4% (18) | 20.0% (30) | 13.6% ( 9) |

Topics on which team members have received training also varies somewhat by county size:

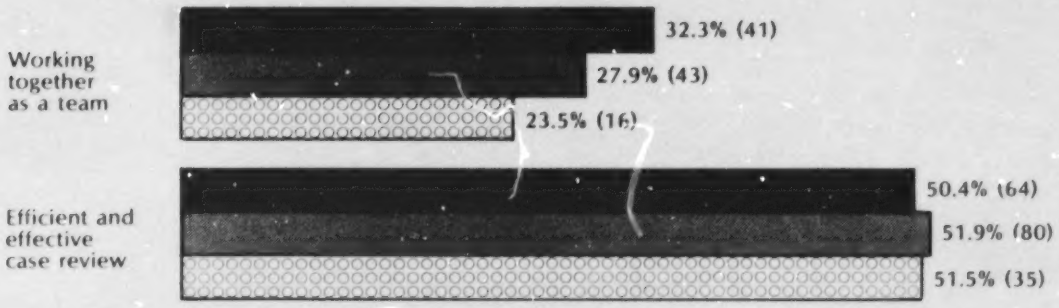
**FIGURE 12**

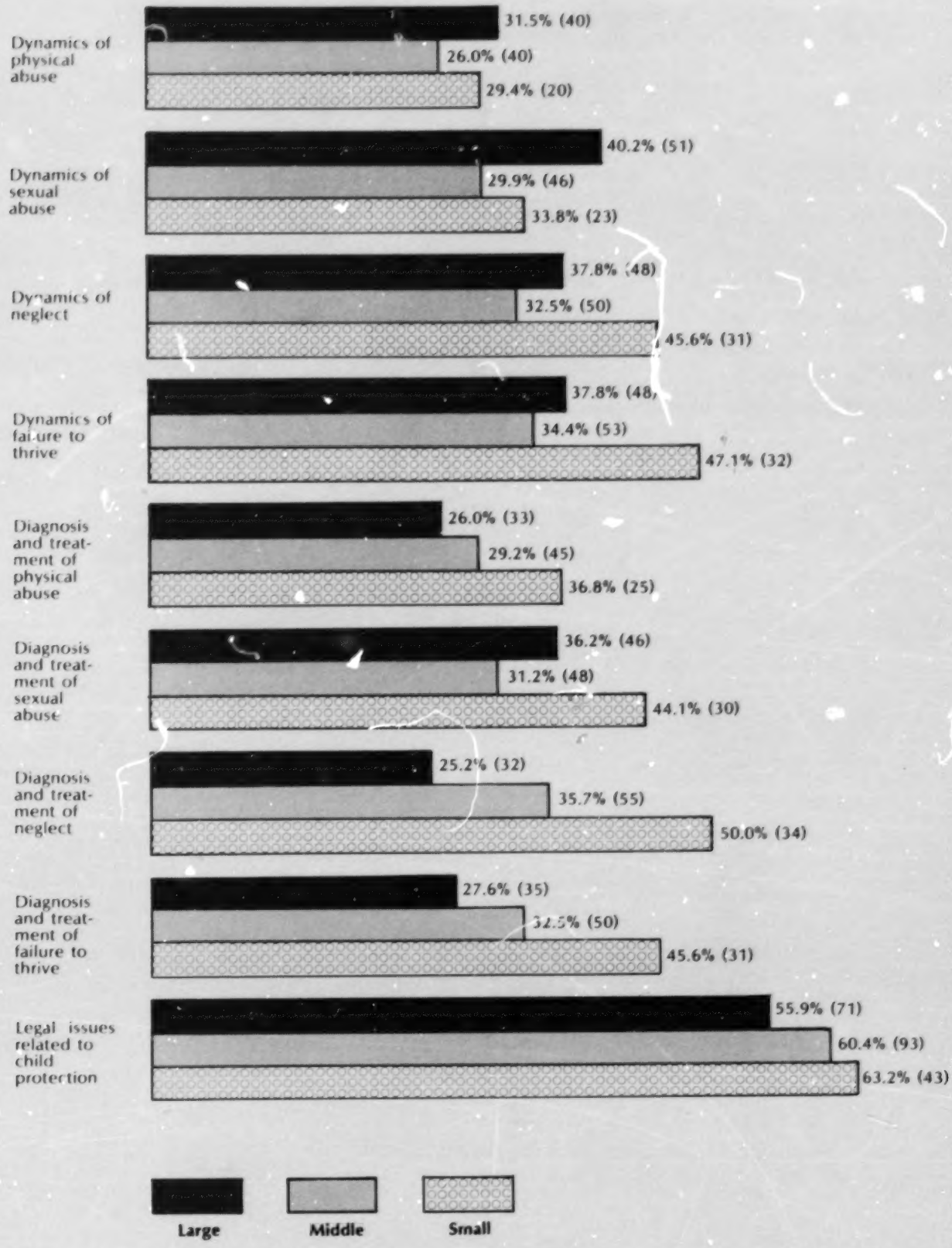


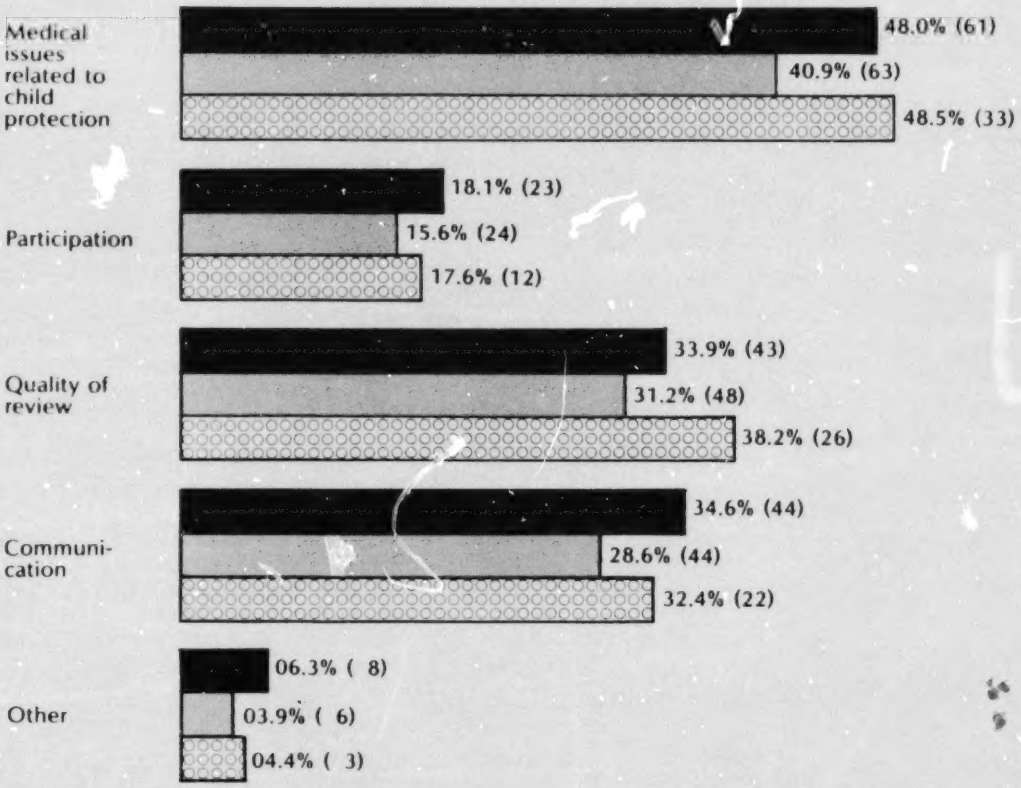



Areas in which team members identified a need for training:

**FIGURE 13**




Dynamics of physical abuse
31.5% (40)
26.0% (40)
29.4% (20)
Dynamics of sexual abuse
40.2% (51)
29.9% (46)
33.8% (23)
Dynamics of neglect
37.8% (48)
32.5% (50)
45.6% (31)
Dynamics of failure to thrive
37.8% (48)
34.4% (53)
47.1% (32)
Diagnosis and treatment of physical abuse
26.0% (33)
29.2% (45)
36.8% (25)
Diagnosis and treatment of sexual abuse
36.2% (46)
31.2% (48)
44.1% (30)
Diagnosis and treatment of neglect
25.2% (32)
35.7% (55)
50.0% (34)
Diagnosis and treatment of failure to thrive
27.6% (35)
32.5% (50)
45.6% (31)
Legal issues related to child protertion
55.9% (71)
60.4% (93)
63.2% (43)
Large
Middle
Small




### *Summary of Training Data*

Predictably the large county teams seem to have more training available to them. With the exception of Mesa County, the ten large are either metropolitan or are within 100 miles of the metropolitan area.

Consistently the counties had received the most training in dynamics of sexual abuse, dynamics of physical abuse, dynamics of neglect and legal issues related to child protection.

Consistently the areas reported most in which training is needed were legal issues related to child protection, efficient and effective case review, and medical issues related to child protection.

### *Team Coordinator Comments*

Many coordinators provided additional comments on the questionnaire. These comments were expressive of their pride and positive feelings in regard to the team. The comments are listed below:

ADAMS COUNTY - "We do use the mini-team concept, although we call it a Small Team, composed of three members. Our Large Team meets directly after the Small Team. We usually hold two inservices for team members each year. We recently revised our case presentation form."

ALAMOSA COUNTY - "We have a team education program at each meeting. Subjects such as 1) separation issues, 2) developmental factors, 3) drug abuse factors to name a few have been covered. We also have agency members update the team on their services."

ARAPAHOE COUNTY - "[Team meetings provide] The opportunity to problem solve community problems that exist between agencies - team members have become experts within their agencies which makes working together much more effective."

ARCHULETA COUNTY - "All very dedicated to child welfare in the community and helpful in all cases. In my opinion, we could not have more concerned people. The Director has been and continues to be very fortunate to work with fine people."

BOULDER COUNTY - "It is an active, conscientious and supportive group."

CHAFFEE COUNTY - "We have had excellent attendance and participation over the past 8

years. An important reason for this, I believe, is that meetings are restricted to vital issues and are not held just to have a meeting."

DELTA COUNTY - "There is a great deal of interest by the team in their work. We frequently plan an approach to a case that involves several agencies."

DENVER COUNTY - "Until recently, the Denver Post reporter was present at each meeting. Note - This reporter has covered child abuse for the Denver Post since 1974 and was instrumental in some of the legislative changes concerning teams such as the law that portions of the team meetings must be open to public.

DOUGLAS COUNTY - "Used as a time when professionals get together - support, have a good time. Asset to community and to department."

EAGLE COUNTY - "If a very serious case of child abuse occurs, team will meet prior to regular meeting and within 7 days of report. Our team has also had several potlucks to further our education and meet on a less formal basis."

FREMONT COUNTY - "Our team was started long before teams were mandated. We are proud that one member has served continuously since team was formed. Several members are long term."

GUNNISON AND HINSDALE COUNTIES - "I consider the Team special in their commitment to the Team. Each member makes a concerted effort to attend and participate in the meetings, demonstrating an interest in the welfare of children and families, and a commitment to the Team's purposes. We have a group of people who interact well together, and meet promptly at 7:00 A.M. when needed."

JACKSON COUNTY - "Because we are a small team - we call on any outside resource needed to solve what problem we might face - This may sometimes be the County Doctor - County Attorney - Alpine Mental Health - Volunteer Homemakers - etc."

LARIMER COUNTY - "My team is one of three in the county. We serve the Estes Park area only. Many times others on the team are familiar with the clients and therefore we share information often."

LARIMER COUNTY - "High attendance, some members have been on team since its beginning, high level of agency cooperation, many agencies wish to be part of this team, community influence and respect. Sincerely interested and committed group of individuals who greatly support the protective services unit and are willing to go into the community and take a stand if/as needed."

MONTEZUMA COUNTY - "Our team has sponsored two, two-day workshops on Child Abuse/Neglect for child care professionals in the area. Doctors, Nurses, Teachers, Mental Health Workers, etc." "Most members of the team are interested and concerned about Child Protection issues and have shown it by their regular attendance and participation."

PITKIN COUNTY - "A very conscious, motivated group of professionals. Very supportive of the work I do."

RIO GRANDE COUNTY - "Cohesive unit - participants respect one another and function well together most of the time."

ROUTT COUNTY - "Good working relations - team is the base."

Clearly the various communities have been creative in making the team concept work to meet their needs.

# Why Teams Succeed

Teams can have a tremendous impact on the child protection service delivery system. In addition to their primary function, providing a multi-disciplinary approach to the diagnosis and treatment planning, the team is beneficial in a number of ways. Teams can promote improved cooperation and coordination between agencies thereby improving service delivery. Heightened community awareness is generally a natural result of the development of a team through both formal and informal community education by team members. Teams are able, through case review, to identify weaknesses or gaps in service delivery and are more powerful than one agency or person to facilitate improvement.

Effective teams are an asset to the agency, community and the families and children served and a dysfunctional team can be a liability to the county's child protection efforts. It is important to develop an effective team. This requires effort and planning. Clearly there is far more involved than putting together a group of multi-disciplinary professionals to complete a task. Time and effort are required to get these professionals from diverse backgrounds to function as a team.[1] The selection process, the efforts to work with the agencies to be represented and the planning by the agency sponsoring the team must be executed skillfully. The team should not be expected to function immediately. There should be a series of orientation and training sessions, including at least one session on efficient and effective case review, followed by the development by the team of operational policies and procedures prior to beginning to review cases. After the team is functioning, efforts to train and address team issues must continue.

The following are some of the major factors contributing to a successful team which should be considered during the developmental and operational phases.

### *Attend to Group Process:*

Often teams are so busy with the task at hand that they fail to deal with group dynamic issues which effect teamwork. They are then forced to handle these issues when they reach crisis proportions. It is important for teams to set aside some time on an ongoing basis to deal with group issues. Some teams have administrative meetings, some hold retreats and some have informal lunches or potluck dinners.

### *Mutual Respect:*

Teams composed of members who do not respect each other obviously cannot be effective in the multi-disciplinary approach to decision making. Lack of mutual respect occurs on two levels; lack of respect for the profession and philosophy and lack of respect for the person. This aspect should be considered in the selection of team members and should be addressed on a continuing basis. Teams should include in their training some time for sharing regarding professional and agency roles and philosophy as well as legal base, programs and limitations. This type of sharing can provide a better understanding which helps to avoid some conflict due to incorrect assumptions and expectations.

### *Equal Participation, Communication and Shared Decision Making:*

Teams can fall into a pattern of allowing one or two members to dominate the discussion and make the decisions. This pattern defeats the purpose of the team. Sometimes persons on the team are intimidated by a profession or personality, lack confidence in their own knowledge and expertise and are reluctant to share an opinion, particularly if it is contradictory. Sometimes these same people will state their disagreement outside of the meeting, but never at a meeting.

Some of this can be avoided by careful selection of team members. Beyond that, providing training to team members can bolster their confidence which leads to better participation. Informal gatherings of team members such as an occasional luncheon can also promote better relationships which can encourage members to speak more freely. The chairperson or coordinator can definitely direct the discussion to include more participation by all members and be definitive regarding shared decision making. The whole team should be addressed in a straightforward manner about the importance of each member and that participation by all is critical.

---

[1] Kempe, C.H., (ed.) Barton D. Schmitt, ***The Child Protection Team Handbook***, New York and London, Garland STPM Press, 1978, Forward.

### *Agency & Community Support and Commitment:*

The strong support of the agency sponsoring the team as well as agencies represented is crucial to team effectiveness.

The agency inaugurating the team must be positive about the concept and making it work or the team is doomed to failure. The sponsoring agencies of successful teams give sanction and respect to team decisions. Although the agency has to make the final decisions, team findings and recommendations must be taken seriously. If the agency cannot abide by a recommendation the team must be afforded respect by an explanation. If the team is making poor recommendations, this should be addressed by training and discussion, not by disregarding recommendations. Agencies sponsoring teams should have written policies with regard to implementation of recommendations.

Teams in general take their role more seriously and make better recommendations when they know that these recommendations are more likely to be implemented. Team members tend to become disillusioned and less committed when they are simply going through the motions.

Agencies represented must also support the team. They must be committed to sending a strong representative, providing sanction to that person to represent the agency in decision making, and allowing for the time to participate in team meetings. Ideally, the agencies should make the team a part of the job description of the representative and hold him/her accountable. This type of support can be elicited from agencies by the county departments who spend the time to do so and who utilize public relation skills.

### *Recognition:*

Teams recognized as important and valuable by the sponsoring agencies, the agencies represented, and the community are generally far more motivated both individually and as a group to excel in their work.

Efforts to publicly and privately recognize the team are worthwhile. Some county departments sponsor and pay for a luncheon or breakfast; some have notified the press of the existence of the team, the members and value of the team. Essential to recognition is taking team input seriously.

### *Logistics:*

Although it might appear on the surface to be insignificant, the day of the week and time of day of the team meeting can make a difference in how the team functions according to our observations. Although there are definitely exceptions, teams tend to function better earlier in the day. Early morning seems to work best for many teams for several reasons and attendance has often improved for teams who have changed their meeting time to early morning. Physicians and attorneys often find this to be a better time before seeing patients and before the court opens. Other professionals are often tied up in emergencies later in the day. Energy levels seem to be higher in the morning particularly as contrasted to late afternoon. Mondays and Fridays seem to be less desirable meeting days than the other three days for obvious reasons; Monday morning/Friday afternoon emergencies, flex days, and long weekends.

### *Task Oriented Meetings:*

The teams who have rambling discussions and reach few if any conclusions are not serving their purpose. Generally the attendance drops, members are dissatisfied and bored and the team may even disband.

The successful teams have a structured format for case presentation, team discussion and decision making. Workers and supervisors presenting cases do so in a clear and concise manner and the team members discuss only relevant information and vote on findings and recommendations. An effective team leader can control rambling and irrelevant discussions.

The most effective format for case presentation includes a comprehensive written report, one or two pages including all pertinent information, and having the worker or supervisor present for case discussion. The written report is important for several reasons: 1) Preparing the report allows the worker to clearly think through the diagnosis and treatment plan early in the case; 2) The worker is less likely to forget important details when writing the report than when reporting verbally; 3) The comprehensive report which contains team recommendations is excellent documentation for the case record and can be referred to in case dictation and attached to court and other reports; 4) The comprehensive written report allows for much faster and more efficient review of cases by the team as there is much more structure to the review and team members can refer back to the report for details

they would otherwise ask to have repeated. In some cases little discussion is required and the team simply needs to vote on the treatment plan and the regulatory issues. The same case when presented orally can be very time consuming and this is not an effective use of the team's time.

For case discussion, the system which seems to be most effective is for the worker to submit the report and then for the worker or supervisor to remain on call for team discussion. This system allows for the worker or supervisor to be present to answer questions, provide additional information and respond to the team recommendations and yet does not require a lengthy presentation or for the worker to be present throughout the entire meeting. Counties have found that the on call system is an efficient way to utilize casework time. Teams have found that it is sometimes preferable to have one worker at a time rather than to be overwhelmed by the presence of all of the casework staff during the entire meeting.

Clearly when teams accomplish the tasks, members feel more compelled to attend and feel a stronger sense of responsibility.

### *Team Training:*

The county department inaugurating a team should arrange for comprehensive training for team members regarding the dynamics, treatment modalities, the law, role of the various agencies as well as how to be an effective team member. Training and information sharing should occur on a periodic basis thereafter. Team members are not effective if they do not have current information regarding all aspects of the prevention and treatment of child abuse and neglect. Poor decisions are often made out of ignorance.

### *Leadership:*

Although effective functioning is not totally reliant on the team chairperson, that person plays an important role. The effective chairperson can see that everyone is included and involved and can dilute any domination by one member. The chairperson can keep the team on track, avoid rambling discussions and prevent indecisiveness by forcing the vote.

In Colorado teams, coordinators often chair the team meetings. Some coordinators have decided that though they are effective coordinators, they are not as skilled at leading the meeting and have delegated the chair to another member with strong leadership skills.

In some situations, team coordinators present the cases. It is very difficult to both run the meeting effectively and also present cases. In many of those situations, the responsibility for chairing the meeting is delegated. The coordinator should assess his/her skills before assuming the role of chairperson and if that role is delegated it should be someone who is carefully selected - not "whoever will do it." The team chair and coordinator should work together and continually assess the team functioning to identify any problems that need to be addressed.

### *Personality:*

One of the greatest contributors to successful teams is the personality of the members. Team members who are most effective have the following characteristics:

ASSERTIVE - The team member must feel confident to share knowledge and express opinions.

ABILITY TO FUNCTION AS TEAM PERSONS - The mere fact that a person is a recognized expert does not mean that s/he works well as a part of a team. There are some persons who use meetings as a forum to prove that they are the best. Many persons work very well independently but have difficulty with the group process and some are intimidated in groups. These are not good candidates for a team despite their expertise. The team member must be able to listen and be open to differing attitudes.

SUPPORTIVE - The team member must be able to support colleagues and criticize in a constructive manner and only when it is necessary. Highly critical persons sometimes feel the need to criticize at every turn and do so in the form of attack and putdown. This behavior is very destructive to team functioning. Knowing they will be attacked, workers sometimes are afraid to present those pieces of information which might leave them vulnerable to criticism. Also, team decisions and recommendations can be discounted because of worker anger at the type of proceedings.

BROADLY-EDUCATED - Team members should have some knowledge of the whole system to make good decisions. This can be accomplished through selection and team training.

COMMITMENT AND RELIABILITY - The effective team member has a strong commitment to the prevention and treatment of child abuse and neglect as well as to the

team approach. Those who are most committed are those who attend and participate. During the selection process it is important to address the commitment of time and energy. Often persons accept a position on the team and then are unable to attend the meetings. Although the person may have valid reasons for sporadic attendance, it still is dysfunctional. The team might consider a different meeting time or replacing those members who cannot attend regularly.[2]

Clearly the selection of team members and the continued efforts to attend to group process are key to an effective team.

[2] The writer corroborates several of the concepts enunciated by Schmitt, Barton D., and Carroll, Claudia A., "Human Aspects of Team Work," **Ibid.**, pp. 199-203.

# Year Child Protection Teams Inaugurated

| | |
|---|---|
| Adams * | 1974 |
| Alamosa | 1979 |
| Arapahoe * | 1974 |
| Archuleta | 1978 |
| Boulder County * | |
| Boulder | 1975 |
| Longmont | 1977 |
| Chaffee | 1975 |
| Conejos | 1979 |
| Costilla | 1980 |
| Delta * | 1979 |
| Denver * | 1974 |
| Douglas | 1975 |
| Eagle | 1981 |
| Elbert | 1981 |
| El Paso County* | |
| El Paso (Hospital based) | 1972 |
| El Paso (Regular Team) | 1978 |
| Sexual Abuse Team | 1979 |
| Fremont | 1974 |
| Garfield * | 1977 |
| Glenwood Springs | 1977 |
| Rifle | 1982 |
| Gunnison/Hinsdale | 1981 |
| Jackson | 1981 |
| Jefferson * | 1976 |
| Lake | 1976 |
| La Plata*/San Juan | 1978 |
| Larimer County * | |
| Estes Park | 1980 |
| Ft. Collins | 1975 |
| Loveland | 1977 |
| Logan* | 1976 |
| Kit Carson | 1976 |
| Mesa* | 1977 |
| Moffat* | 1982 |
| Montezuma* | 1979 |
| Montrose* | 1978 |
| Morgan* | 1975 |
| Otero* | 1976 |
| Pitkin | 1979 |
| Prowers | 1976 |
| Rio Grande/Mineral | 1979 |
| Routt | 1977 |
| Pueblo* | 1976 |
| Weld* | 1974 |

* mandated teams (as of 1984)

# Appendix II

## Pertinent Sections of Colorado Revised Statutes (1973)

**Section 19-10-103 (2)** "Child protection team" means multidisciplinary team consisting, where possible, of a physician, a representative of the juvenile court or the district court with juvenile jurisdiction, a representative of the county department, a representative of a mental health clinic, a representative of a public school district, and one or more representatives of the lay community. Each public agency many have more than one participating member on the team; except that, in voting on procedural or policy matters, each public agency shall have only one vote. In no event shall an attorney member of the child protection team be appointed as guardian for the child or as counsel for the parents at any subsequent court proceedings, nor shall the child protection team be composed of fewer than three persons. When any racial, ethnic, or linguistic minority group constitutes a significant portion of the population of the jurisdiction of the child protection team, a member of each such minority group shall serve as an additional lay member of the child protection team. At least one of the preceding members of the team shall be chosen on the basis of representing low-income families. The role of the child protection team shall be advisory only.

**Section 19-10-109 (6)** (a) It is the intent of the general assembly to encourage the creation of one or more child protection teams in each county or contiguous group of counties. In each county in which reports of fifty or more incidents of child abuse have been made to the state central registry in any one year, the county director shall cause a child protection team to be inaugurated in the next following year.

(b) The child protection team shall review the files and other records of the case, including the diagnostic, prognostic, and treatment services being offered to the family in connection with the reported abuse.

(c) At each meeting, each member of the child protection team shall be provided with all available records and reports on each case to be considered.

(d) The public, in a non-participatory role, shall be permitted to attend those portions of child protection team meetings concerned with mandatory team discussions of public and private agencies' responses to each report of child abuse and neglect being considered by the team, as well as the team's recommendations related to public-agency responses. In all its public discussions the team shall not publicly disclose the names or addresses and identifying information relating to the children, families, or informants in those cases.

(e) At the beginning of the public discussion of each case, a designated team member shall publicly state the following information, arrived at by consensus of the team: Whether the case involves mild, moderate, or severe abuse or neglect or no abuse or neglect; whether the child is an infant, a toddler, a preschool or a school-aged child, or a teenager and the sex of the child; the date of the initial report and the specific agency to which the report was made; and the dates of subsequent reports to specific social service agencies, law enforcement agencies, or other agencies. In no case shall the informant's name or other identifying information about the informant be publicly revealed. The team shall also state publicly whether the child was hospitalized and whether the child's medical records were checked.

(f) At this public session, and immediately after any executive session, and immediately after any executive session at which a child abuse or neglect case is discussed, the child protection team shall publicly review the responses of public and private agencies to each report of child abuse or neglect, shall publicly state whether such responses were timely, adequate, and in compliance

with provisions of this article, and shall publicly report nonidentifying information relating to any inadequate responses, specifically indicating the public and private agencies involved.

(g) After this mandatory public discussion of agency responses, the child protection team shall go into executive session upon the vote of a majority of the team members to consider identifying details of the case being discussed, to discuss confidential reports, including but not limited to the reports of physicians and psychiatrists, or when the members of the team desire to act as an advisory body concerning the details of treatment or evaluation programs. The team shall state publicly, before going into executive session its reasons for doing so. Any recommendation based on information presented in the executive session shall be discussed and formulated at the immediately succeeding public session of the team, without publicly revealing identifying details of the case.

(h) At the team's next regularly scheduled meeting, or at the earliest possible time, the team shall publicly report whether the lapses and inadequacies discovered earlier in the child protection system have been corrected.

(i) The team shall make a report of its recommendations to the county department with suggestions for further action or stating that the team has no recommendations or suggestions. Contiguous counties may cooperate in meeting the requirements of this subsection (6).

(7) Each member of the team shall be appointed by the agency he represents, and each team member shall serve at the pleasure of the appointing agency; except that the county director shall appoint the representatives of the lay community, including the representatives of any ethnic, racial, or linguistic minority, and shall actively recruit all interested individuals and consider their applications for appointment as lay-community representatives on the team.

(8) The county director or his designee shall be deemed to be the local coordinator of the child protection team. In those counties in which child protection teams meeting the requirements of this article are currently functioning, they shall be recognized, with the consent of all members, as the functioning child protection team for that county.

(9) The local coordinator in each county shall forward a copy of all reports of child abuse to the child protection team. The coordinator shall forward a copy of the investigatory report and all relevant materials to the child protection team as soon as they become available. The child protection team shall meet no later than one week after receipt of a report to evaluate such report of child abuse. The local coordinator shall make and complete, within ninety days of receipt of a report initiating an investigation of a case of child abuse, a follow-up report, including services offered and accepted and any recommendations of the child protection team, to the state central registry on forms supplied by the state department for that purpose.

(10) In the event that the local department or the child protection team initiates a petition in the juvenile court or the district court with juvenile jurisdiction on behalf of the child who is the subject of a report, the coordinator shall notify, in writing, the guardian ad litem appointed by the court under section 19-10-113 to represent the child's interest. Such notice shall include:

(a) The reason for initiating the petition;

(b) Suggestions as to the optimum disposition of this particular case; and

(c) Suggested therapeutic treatment and social services available within the community for the subject child and the responsible person.

# Appendix III

## Child Protection Team Questionnaire

INSTRUCTIONS: This questionnaire is to be completed by the Child Protection Team Coordinator.
**For most responses, please circle only one answer unless otherwise indicated. On questions asking for dates or numbers, please write 2-digit numbers as this form will be analyzed on the computer (e.g. January 1, 1982 would be 01-01-82).**

1) Do you currently have a child protection team?
A. Yes
B. No

If you answered yes, please go to question #5.
If you answered no, please go to question #2.

2) Have you ever had a child protection team?
A. Yes
B. No

If you answered yes, please answer question #3 and #4.
If you answered no, you are through with this form.

3) When was your team disbanded?
_____/_____
month year

4) Why was your team disbanded?
A. Lack of interest
B. Lack of time
C. Other _____

5) Who is your CPT coordinator?
_____
First Name Last Name
_____
Agency Name

6) Is coordinating the team the primary job function of this agency person?
A. Yes
B. No

7) What is the coordinator's position in the agency in which he/she works?
A. Line worker
B. Line supervisor
C. Administrator
D. Director
E. Other _____

8) Approximately how many hours per week does the coordinator spend on team related work?
_____ hours per week

9) Approximately how many hours per week of clerical time is spent on team related work?
_____ hours per week

10) Does someone other than the coordinator chair the meetings?
A. Yes
B. No
If yes: Name: _____
Profession _____
Agency _____

11) Please indicate which agencies are represented on your team. (Circle as many as are appropriate)
A. Social services
B. Juvenile court
C. Mental health
D. Public health
E. Schools
F. Law enforcement
G. Other _____

12a) Please indicate which professionals are represented on your team. (Circle as many as are appropriate)
A. Social worker
B. Physician
C. Psychiatrist
D. Psychologist
E. Nurse
F. Attorney
G. Law enforcement
H. Educator
I. Clergy
J. Other _____

12b) Does your team have lay people?
A. Yes
B. No

12c) Does your team have minority representation (linquistic or racial)?
A. Yes
B. No

13) When was your team inaugerated?
_____/_____

14) How often does your team meet?
A. Weekly
B. Every two weeks
C. Monthly
D. Other _____

15) What is the average number of cases reviewed at a team meeting?
_____ cases per meeting

16a) The Children's Code states that cases are to be reviewed no later than one week after receipt of report. Does your team have a mechanism for handling this?
A. Yes
B. No

16b) If yes, what is the mechanism?
A. The team meets weekly
B. The team meets when we have a case
C. We have a mini-team to review cases (sub-group or screening committee, etc.)
D. Other _____

16c) If answered no to question 16a the following impediments limit our ability to meet the requirements:
_____
_____

17a) Are all cases of abuse and neglect reviewed by the full team and/or a mini-team?
A. Yes
B. No

17b) Do you have a mini-team?
A. Yes
B. No
If answered yes, go on to the next question
If answered no, go to question 18

17c) If you have a mini-team, what is the composition?
Number of members (2 digit) ____
Number of professions (2 digit) ____
Number of agencies (2 digit) ____

18) When do you have your full team meetings?
Day of week _____
Time of day _____
Week of month _____
No set time (explain) _____

19) Does your CPT review all cases of abuse/neglect?
A. Yes
B. No
If no, continue with the following questions
If yes, go to question 22

20) Is there a policy regarding which cases are to be reviewed?
A. Yes
B. No

21) Which cases does your team review? (Circle as many responses as are appropriate)
A. All physical abuse
B. All sexual abuse
C. All failure-to-thrive
D. All neglect
E. Physical abuse cases only if they are severe
F. Neglect cases only if they are severe
G. Cases the worker requests to be reviewed
H. Other _____

22) Who decides which cases will be reviewed?
(Circle as many responses as apply)
A. Caseworkers
B. Supervisor/Director
C. Coordinator
D. Mini-team
E. Team clerk
F. Full team
G. Other (explain) _____

23a) How are cases presented to the team?
A. Written
B. Verbal
C. Both

23b) Who makes verbal presentations?
(Circle as many as apply)
A. Worker
B. Supervisor
C. Coordinator
D. Other _____

24) How do you record team recommendations?
A. Minutes are taken at each meeting
B. Recommendations are recorded on a form
C. We do not record recommendations
D. Meetings are tape recorded
E. Other _____
_____

25) What is the Department's policy regarding the implementation of team recommendations?
(Circle as many as apply)
A. It is mandatory that the worker implement recommendations
B. The caseworker decides whether or not to implement the recommendations
C. The supervisor decides whether or not to implement recommendations
D. There is no policy
E. Other _____

26a) Does your team rereview any cases?
A. Yes
B. No

26b) If yes, which cases does the team rereview?
(Circle as many as apply)
A. Rereview all cases
B. Rereview all serious cases
C. Rereview some serious cases
D. Rereview cases when more information is needed
E. Rereview termination cases
F. Rereview select cases decided by the team
G. Rereview select cases decided by the department
H. Other _____

26c) Approximately how many cases are rereviewed?
A. Less than 1/3
B. Between 1/3 and 2/3
C. More than 2/3

27) What is the primary focus of your team?
A. Regulatory, e.g. monitoring agency response and compliance with law
B. Diagnosis and treatment (advisory)
C. Both
D. Other _____

28a) Does your team perform functions in addition to case review?
A. Yes
B. No

28b) If yes, do they . . .
(Circle as many responses as apply)
A. Do community education?
B. Work to fill gaps in service delivery?
C. Take stands on issues related to child protection?
D. Participate in treatment?
E. Other _____

29) How does your team relate to the Placement Alternative Commission?
(Circle as many as are appropriate)
A. The team serves both functions
B. Some team members serve on the PAC
C. There is much coordination between the team and the PAC
D. They are totally separate entities and have no reason for contact.

30) Teams are often characterized by various participation patterns. Which of the following best characterized your team?
(Circle as many as apply)
A. Equal participation by all members
B. One person participates much more than the others
C. A minority of members participate frequently
D. A few members never participate
E. Several members never participate

31) Teams are other characterized by various recommendation patterns. Which of the following best characterizes your team?
(Circle as many as apply)
A. Frequently make recommendations to alter the worker's case plan
B. Frequently make recommendations in addition to the worker's plan
C. Usually agree with the department's case plan
D. Sometimes make recommendations to alter case
E. Sometimes make recommendations in addition to case plan
F. Rarely make recommendation

32) On an average, how many members attend team meetings? _____

33) Do you have a written format for presenting cases to the team?
A. Yes (Please submit a copy)

34) Does your team have written policies and procedures?
A. Yes (please submit a copy)
B. No

35) Please submit a list of team members by name, address, profession, and agency.

36) Is there anything special or unique about your team you would like to add?
_____
_____
_____
_____
_____

YOUR NAME _____
YOUR COUNTY _____
YOUR POSITION _____
YOUR DAY PHONE _____

Thank you for your help. Please return this form and the Child Protection Team Member questionnaires by January 15, 1983 to Janet Motz, State Dept. of Social Services, Rm 404.

# Child Protection Team Member Questionnaire

INSTRUCTIONS: This questionnaire is to be completed by each CPT member.

1) When did you become a member of this CPT?
(Enter month and year digits, such as 03/82)_____/_____

2) Please indicate the areas in which you have had training.
(Circle the appropriate letters)
   A. Team work
   B. Dynamics of physical abuse
   C. Dynamics of sexual abuse
   D. Dynamics of neglect
   E. Dynamics of failure to thrive
   F. Diagnosis and treatment of physical abuse
   G. Diagnosis and treatment of sexual abuse
   H. Diagnosis and treatment of neglect
   I. Diagnosis and treatment of failure to thrive
   J. Legal issues related to child protection
   K. Medical issues related to child protection
   L. Other (specify) _____

3) Is ongoing training regarding child protection issues available to you?
(Circle the most appropriate letter)
   A. Yes, at least 3 times a year
   B. 2 times a year
   C. 1 time a year
   D. Never

4) How often do you attend available training sessions regarding child protection issues?
   A. Frequently
   B. Occasionally
   C. Never

5) If training and consultation were available to the team, in what ways would you seek assistance?
(Circle as many as apply)
   A. Working together as a team
   B. Efficient and effective case review
   C. Dynamics of physical abuse
   D. Dynamics of sexual abuse
   E. Dynamics of failure to thrive
   F. Diagnosis and treatment of physical abuse
   G. Diagnosis and treatment of sexual abuse
   H. Diagnosis and treatment of neglect
   I. Diagnosis and treatment of failure to thrive
   J. Legal issues related to child protection
   K. Medical issues related to child protection
   L. Participation
   M. Quality of review
   N. Communication
   O. Other (specify) _____

6) How many team meetings have you attended in the past six months?
_____
(2-digit number)

7) Do you serve on PAC?
   A. Yes
   B. No

Your Name _____
Profession _____
Address _____
Phone _____
County _____

Thank you for your help. Please return the completed questionnaire to your Child Protection Team Coordinator.

# Appendix V

## Counties Grouped by Size

**10 Large**

Adams
Arapahoe
Boulder
Denver
El Paso
Jefferson
Larimer
Mesa
Pueblo
Weld

**Middle-sized**

Alamosa
Chaffee
Conejos
Delta
Fremont
Garfield
Huerfano
La Plata
Las Animas
Logan
Moffat
Montezuma
Montrose
Morgan
Otero
Prowers
Rio Grande

**Small Counties (Balance of State)**

Archuleta
Baca
Bent
Cheyenne
Clear Creek
Costilla
Crowley
Custer
Dolores
Douglas
Eagle
Elbert
Gilpin
Grand
Gunnison
Hinsdale
Jackson
Kiowa
Kit Carson
Lake
Lincoln
Mineral
Ouray
Park
Phillips
Pitkin
Rio Blanco
Routt
Saguache
San Juan
San Miguel
Sedgwick
Summit
Teller
Washington
Yuma

# Teams and Coordinators

| CHILD PROTECTION TEAM COORDINATORS | MEETING DAY/TIME |
|---|---|
| Merrily Reimer<br>**ADAMS COUNTY MULTI-DISCIPLINARY REVIEW TEAM**<br>Adams County Department of Social Services<br>7190 Colorado Boulevard<br>Commerce City, CO 80022 | Every Thursday,<br>2:30 P.M. |
| Connie Rodriguez<br>**ALAMOSA COUNTY CHILD PROTECTION TEAM**<br>Alamosa County Department of Social Services<br>P. O. Box 1292<br>Alamosa, CO 81101 | First Wednesday<br>7:00 A.M. |
| Carol Wahlgren<br>**ARAPAHOE COUNTY MULTI-DISCIPLINARY REVIEW TEAM**<br>Arapahoe County Department of Social Services<br>5334 S. Prince Street<br>Littleton, CO 80166 | Every Wednesday<br>10:00 A.M.-12:00 Noon |
| Celestino Santisteven<br>**ARCHULETA COUNTY CHILD PROTECTION TEAM**<br>Archuleta County Department of Social Services<br>P. O. Box 240<br>Pagosa Springs, CO 81147 | Third Wednesday<br>7:00 A.M. |
| Mary Norcross<br>**BOULDER CHILD PROTECTION TEAM**<br>Boulder County Department of Social Services<br>3400 Broadway<br>Boulder, CO 80301 | Every Wednesday<br>1:00-3:00 P.M. |
| **Mary Norcross**<br>**LONGMONT CHILD PROTECTION TEAM**<br>Boulder County Department of Social Services<br>3400 Broadway<br>Boulder, CO 80301 | Every other Tuesday<br>1:00 P.M. |
| Susan Cate<br>**CHAFFEE COUNTY CHILD PROTECTION TEAM**<br>Chaffee County Department of Social Services<br>P. O. Box 1007<br>Salida, CO 81201 | As needed |
| Kirt Valentine<br>**CONEJOS COUNTY CHILD PROTECTION TEAM**<br>Conejos County Department of Social Services<br>P. O. Box 68<br>Conejos, CO 81129 | Third Tuesday<br>8:00 A.M. |
| Marbella Smith<br>**COSTILLA COUNTY CHILD PROTECTION TEAM**<br>Costilla County Department of Social Services<br>Box 337<br>San Luis, CO 81152 | Third Tuesday |
| Sue Tuffin<br>**DELTA COUNTY CHILD PROTECTION TEAM**<br>Delta County Department of Social Services<br>Courthouse, Room 205<br>Delta, CO 81416 | Second & Fifth Friday<br>1:30 P.M. |
| Jeannine Williamson<br>**DENVER COUNTY CHILD PROTECTION TEAM**<br>Denver County Department of Social Services<br>456 Bannock St.<br>Denver, CO 80204 | Every Thursday<br>11:30 A.M. |

| | |
|---|---|
| Mabel J. Risch<br>**EAGLE COUNTY CHILD PROTECTION TEAM**<br>Eagle County Department of Social Services<br>P. O. Box 660<br>Eagle, CO 81631 | Third Thursday<br>8:00 A.M. |
| Charles Hawker<br>**ELBERT COUNTY CHILD PROTECTION TEAM**<br>Elbert County Department of Social Services<br>P. O. Box 6<br>Simla, CO 80835 | Second Tuesday<br>8:00 A.M. |
| Mary Garvey, (three teams)<br>**EL PASO COUNTY CHILD PROTECTION TEAM**<br>El Paso County Department of Social Services<br>P. O. Box 2692<br>Colorado Springs, CO 81601 | Every Wednesday |
| Palma Romero<br>**FREMONT COUNTY CHILD PROTECTION TEAM**<br>Fremont County Department of Social Services<br>Box 631<br>Canon City, CO 81212 | First Thursday<br>7:30 A.M. |
| Art Phemister<br>**GARFIELD COUNTY CHILD PROTECTION TEAM**<br>Garfield County Department of Social Services<br>206 Center Ave.<br>Glenwood Springs, CO 81601 | Fourth Wednesday<br>7:00 A.M. |
| Christopher Corman<br>**RIFLE CHILD PROTECTION**<br>Garfield County Department of Social Services<br>206 Center Ave.<br>Glenwood Springs, CO 81601 | Second Wednesday<br>7:30-9:00 A.M. |
| Pam Jones<br>**GUNNISON/HINSDALE COUNTY CHILD PROTECTION TEAM**<br>Gunnison/Hinsdale County Depart. of Social Services<br>200 E. Virginia<br>Gunnison, CO 81230 | First Wednesday<br>7:00-9:00 A.M. |
| Betty Sevison<br>**JACKSON COUNTY CHILD PROTECTION TEAM**<br>Jackson County Department of Social Services<br>Courthouse<br>Walden, CO 80480 | Second Friday<br>10:00 A.M. |
| Rose Stager<br>**JEFFERSON COUNTY CHILD PROTECTION TEAM**<br>Jefferson County Department of Social Services<br>8550 W. 14th Ave.<br>Lakewood, CO 80215 | Every Thursday<br>11:30 A.M. |
| Patricia Matthews<br>**KIT CARSON CHILD PROTECTION TEAM**<br>Kit Carson County Department of Social Services<br>251 165h St.<br>Burlington, CO 80807 | Second Monday<br>3:00-5:00 P.M. |
| Steven A. Clifton<br>**LAKE COUNTY CHILD PROTECTION TEAM**<br>Lake County Department of Social Services<br>P. O. Box 884<br>Leadville, CO 80461 | Third Wednesday<br>8:00-11:00 A.M. |

| | |
|---|---|
| Pat Schmitt<br>**LA PLATA COUNTY CHILD PROTECTION TEAM**<br>La Plata County Department of Social Services<br>1060 Second Ave.<br>Durango, CO 81301 | Every Monday<br>4:00 P.M. |
| Jack Hickey<br>**ESTES PARK CHILD PROTECTION TEAM**<br>Larimer County Department of Social Services<br>363 Jefferson Street<br>Fort Collins, CO 80524 | No set time |
| Barry Johnson<br>**FORT COLLINS CHILD PROTECTION TEAM**<br>Larimer County Department of Social Services<br>363 Jefferson Street<br>Fort Collins, CO 80524 | Every Tuesday<br>12:00 P.M. |
| Frank Aaron<br>**LOVELAND CHILD PROTECTION TEAM**<br>Larimer County Department of Social Services<br>363 Jefferson Street<br>Fort Collins, CO 80524 | Every Thursday<br>12:30-2:00 P.M. |
| Robert Beebe<br>**LOGAN COUNTY CHILD PROTECTION TEAM**<br>Logan County Department of Social Services<br>Box 1746<br>Sterling, CO 80751 | First Wednesday<br>10:00 A.M. |
| Triva Houck<br>**MESA COUNTY CHILD PROTECTION TEAM**<br>Mesa County Department of Social Services<br>P. O. Box 1118<br>Grand Junction, CO 81502 | Every Friday<br>7:00 A.M. |
| Marie Peer<br>**MOFFATT COUNTY CHILD PROTECTION TEAM**<br>Moffatt County Department of Social Services<br>Courthouse<br>Craig, CO 81625 | First & Third Tuesday<br>11:00 A.M. |
| Kathryn Lorentzen<br>**MONTEZUMA COUNTY CHILD PROTECTION TEAM**<br>Montezuma County Department of Social Services<br>P. O. Drawer GG<br>Cortez, CO 81321 | Second & Fourth Thursday<br>7:30 A.M. |
| Barbara Rightly<br>**MONTROSE COUNTY CHILD PROTECTION TEAM**<br>Montrose County Department of Social Services<br>P. O. Box 216<br>Montrose, CO 81402 | First & Third Thursday<br>8:30-9:30 A.M. |
| Earleen Oswalt<br>**MORGAN COUNTY CHILD PROTECTION TEAM**<br>Morgan County Department of Social Services<br>P. O. Box 220<br>Fort Morgan, CO 80701 | Fourth Tuesday<br>4:15 P.M. |
| Anna Lou Wheat<br>**OTERO COUNTY CHILD PROTECTION TEAM**<br>Otero county Department of Social Services<br>Box 494<br>La Junta, CO 81050 | Third Wednesday<br>8:00 A.M. |

Kate Jangula
**PITKIN COUNTY CHILD PROTECTION TEAM**
Pitkin County Department of Social Services
1000 Lone Pine Rd.
Aspen, CO 81611

Second Tuesday
7:00-9:00 A.M.

Robert J. Burger
**PROWERS COUNTY CHILD PROTECTION TEAM**
Prowers County Department of Social Services
P. O. Box 1157
Lamar, CO 81052

Second & Fourth Thursday
11:00 A.M.

Fred T. Schmeir
**RIO GRANDE COUNTY CHILD PROTECTION TEAM**
Rio Grande County Department of Social Services
P. O. Box B
Del Norte, CO 81132

Second Wednesday
7:30 A.M.

Adolph Berumen
**PUEBLO COUNTY CHILD PROTECTION TEAM**
Pueblo County Department of Social Services
212 W. 12th St.
Pueblo, CO 81003

Every Friday
8:00 A.M.

Elizabeth Rice
**WELD COUNTY CHILD PROTECTION TEAM**
Weld County Department of Social Services
P. O. Box A
Greeley, CO 80631

First & Third Wednesday
8:00-10:00 A.M.